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APPLICANTS

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** CONTINUING DATA ***** *M.G. (Yes)*
 This application is a CON of 10/081,542 02/20/2002 ABN
 which is a CIP of 09/860,209 05/18/2001 PAT 6,569,102
 which is a CON of 09/378,175 08/20/1999 PAT 6,251,073

** FOREIGN APPLICATIONS ***** *M.G. (None)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 36	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 5
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after
 Allowance

Verified and
 Acknowledged

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 Examiner's Signature

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TITLE
 User interface for handheld imaging devices

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)

FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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